



Employment Application

215 S Platte Clay Way, Ste C
P.O. Box 1149
Kearney, MO 64060
816-628-5492
Fax 816-903-5492

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #
City State Zip Code

Phone: E-mail Address:

Date Available: Desired Annual Income: \$

Position Applied For:

Are you authorized to work in the U.S.? Yes No

How did you learn about this employment opportunity? Check all that apply:

- Online Posting Walk-in Website
Referral by employee: Other:

Have you or any relative ever been employed by Summit Media Solutions? Yes No If yes, when?

Have you ever been convicted of a felony? Yes No
If yes, explain:

If required for this position, do you have a valid drivers license? Yes No

If Yes, State of issuance, license # and expiration date:

Education

High School: Address:
From: To: Did you graduate? Yes No Degree:

College: Address:
From: To: Did you graduate? Yes No Degree:

Other: Address:
From: To: Did you graduate? Yes No Degree:

Skills

Please list technical skills, clerical skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

Table with 3 rows for listing skills and proficiency levels.

Employment History

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume."

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No E-mail: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No E-mail: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No E-mail: _____

Disclaimer and Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize Summit Media Solutions to investigate all statements contained herein and the references and employers listed above to give Summit Media Solutions any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I also understand and agree that no representative of Summit Media Solutions has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that staff employees of Summit Media Solutions serve at-will, and the employment relationship may be terminated at any time by either party for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company policies, standards, and regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

I understand the first SIX MONTHS of regular employment represent a provisional period, during which time I may be terminated without any right of appeal.

Signature: _____ Date: _____